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HEMI-SYNC® AND HOSPICE: A NATURAL PARTNERSHIP

by Ruth Domin

(This information discusses the use of the synthesizer, but using Hemi-Sync CDs should have the same effect.)

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In February 1986, HOC began to investigate the potential of The Monroe Institute (TMI) auditory system with selected patients. HOC is a non-profit agency that provides specialized home care for patients in the last stages of life-threatening illnesses. Nurses, other health professionals, and a corps of trained volunteer patient/family support practitioners (hereafter: support practitioners) address problems of pain, fear, anxiety, and loneliness in order for the end of life to be experienced as a natural event within the warm environment of the family.

At the time of this report (June 1987), HOC has used Hemi-Sync tapes with 16 patients—some briefly, others over varying lengths of time. Three case histories are given at the end of this report.

PURPOSE

- To alleviate pain and erase the memory of it.
- To relieve personal or interpersonal stress associated with life-threatening illness, death, or dying.
- To free the spiritual elements of the physical forces of the body.
- To bring peace, comfort, and harmony to patients and their families.

PROCEDURE

- Nurses and support practitioners who monitor the tapes are familiar with them and use them for their own benefit.
- Nurses offer Hemi-Sync tapes to selected patients as an option to help control their symptoms.
- Before the first visit with a tape, the nurse describes the tape and the possible benefits.
- Small stereo cassette players and headsets are provided for patients who don’t have them.
- When appropriate, the nurse or support practitioner offers primary family caregivers the option of using a tape for their own benefit.
- The nurse, Director of Volunteers and Education, and the support practitioner go together on the first visit with a tape.

- The nurse monitors patient's vital signs before, during, and after the first exposure to a tape.
- A small notebook is left with the patient and/or caregiver for keeping a brief record of the date, time, and response for each tape session.
- After the first visit with the nurse, the support practitioner visits the home alone each week, discusses the tape with the patient (and caregiver, when appropriate), and monitors vital signs before, during, and after the tape is played. The nurse supports use of the tape by reading the patient's notebook each week and discussing the patient's reactions to the tape.
- A tape report is filled out by the nurse and/or support practitioner on the first visit and by the support practitioner on subsequent visits (the reports are placed on the patient's chart).
- The patient's responses to the tape are discussed at HOC team meetings when patient care plans are established.

WHAT WE HAVE LEARNED

Patients who have benefited most from the use of Hemi-Sync tapes have been people who:

- trust easily
- respond well to suggestions
- are not receiving total effectiveness from medication
- dislike sedation and the side effects of medication
- desire an alternative to the use of drugs
- are able to integrate new ideas into their own beliefs and practices

Interestingly enough, we have found that age and religious affiliation or lack of it are not important factors in the successful use of the tapes. Among the patients who have been helped—a "backslidden" Baptist, an agnostic, a Church of God minister, a 65-year-old Seventh Day Adventist, and a 35-year-old mother with no religious affiliation.

HOC nurses have found a number of helpful procedures when considering the introduction of a tape:

- Develop a trusting relationship/ rapport with the patient and family.
- Listen to the patient for coping style in the past and present; noting how he/she manages stress.
- Evaluate what is going on with the patient—If medication is not providing relief of symptoms, what is the pattern? Is there more pain at certain times of the day? If so, why? If a patient paces the floor, what is the cause (what is going on with the patient)?

Set goals for the Hemi-Sync tapes:

- Ask the patient, “What are your needs?”
- Determine the symptoms to be managed (e.g., pain, anxiety, restlessness, depression, weakness, loneliness, fear, etc.).
- Listen to the patient for the goals. (We found what one patient really wanted was more energy—we had been working on pain control.)

Know the circumstances under which the tape will be used:

- Is the patient in a quiet, orderly environment?
- Will the patient be able to keep a record in the notebook provided by HOC or will a caregiver be responsible for record-keeping?
- Are there likely to be interruptions while the patient is listening to a tape? (If the patient lives alone, the telephone may need to be left on the hook in order not to alarm family and friends.)

Move slowly into an introduction to the tapes, listening for patient preferences and practices:

- When one patient was asked if she had heard of guided imagery, she said “Is that like seeing things? Sometimes the devil sits on my shoulder. I go to the door and open it. Then I tell the devil to leave. I close the door and he’s gone.” She was told that was fine guided imagery and she has quite successfully used the tapes for relief of symptoms.

Be familiar with the tape the patient will be using by using it yourself:

- When a patient expresses reactions to details on a tape, it is important to understand those details and know what the patient is talking about.

Encourage patients to try the tapes and then make their own decisions about using them:

- Quite frequently a patient will develop new symptoms and need support in a different way than the present tape is programmed to provide.
- The reasons for rejection of a tape need to be discovered and respected. A new tape may help, but the patient is the one to decide.

Follow-up:

- Weekly visits of the support practitioner and regular follow-up by nurses and social workers are vital to successful use of the tapes. The staff needs to know if symptom management with medication and/or tape use has achieved the goal(s) set by the patient. The patient needs reassurance there is ongoing support from the Hospice team.
- If a patient complains of symptoms but has little inclination to participate in goal-setting, follow-up visits by the staff are needed to encourage the patient and to counsel the family.

- With encouragement, patients will try using tapes in different ways and in different times and places (see case histories).
- The patient may need nursing intervention such as a call to a physician's office for permission to listen to a tape during the administration of chemotherapy.

Limitations:

- At HOC, use of the tapes is determined as much by the availability of people trained to administer tapes and work with patients as by patients who could benefit from the tapes.
- Another limitation is time. Nurses are too busy to monitor the tapes each week.

OTHER USES

HOC has also used TMI technology in other ways:

- The tapes have been used successfully by family primary caregivers to help reduce frustration and anxiety.
- A support practitioner used the *Emergency Treatment Series* in conjunction with eye surgery which resulted in pain reduction and shortened recovery time.
- Other support practitioners have used Hemi-Sync tapes to aid in sleep and lower high blood pressure.
- A Model 202 Synthesizer has been used to good effect in an HOC training program.

RECOMMENDATIONS

Experience with TMI Hemi-Sync tapes lead us to make the following recommendations to any hospice considering use of the tapes:

1. A person on the hospice team who uses the tapes and is familiar with them, who assumes responsibility for tapes and equipment loaned to patients, who coordinates orientation of staff and volunteers with assignments of support practitioners to work with patients/families, and who maintains contact with TMI.
2. Knowledge of individual patient/family belief systems is a prerequisite. Since the Hemi-Sync process lends itself to all people without regard to customs and mores, the tapes can be explained in terms each patient understands. The important factor in introducing a tape is to see the world as the patient sees it.
3. Use positive reinforcement, avoiding negative statements and words. For example: to say, "The tapes have been used for pain," is to keep "pain" in mind; to say, "The tapes have been used to relieve symptoms and make patients more comfortable," is to reinforce thoughts of relief and comfort.
4. Know how well a family is coping with death before offering a tape that encourages a patient to "let go."

- One of the nurses and a social worker at HOC noted how an elderly mother near death was “hanging on.” They explained to her daughters that their mother was hanging on because she thought her children needed her. One daughter talked to her mother and gave her permission to “let go.” The mother died soon afterwards. A son who heard what his sister said became extremely angry. “That was a terrible thing to do to mother!” he raged. “She would be afraid.”Conclusions about where the fear really lay would have done little good if the son had taken the nurse and social worker to court for urging his sisters to help his mother die.

5. Expect varied responses from different patients and from the same patient at different times. A tape may trigger an unexpected response in a patient.
6. If a synthesizer is used in a volunteer training program, discuss the process with guest instructors and provide printed material about the process in advance.
7. If a synthesizer is used in a training program, ask for specific evaluations of the music used. In our evaluations by class members, we did not single out the music. If we had, we might have received some helpful feedback.

THREE CASE HISTORIES

J.M.—A patient who had hemorrhaged and was hanging on near death for many weeks. He listened to the *Deep 10 Relaxation* tape one time. The next day, his nurse reported he was beginning to die, which he did two days later. When the tape had been first mentioned to the sister with whom he lived, she was reluctant to permit use of it. However, at the funeral she sought out the nurse and thanked her.

The HOC program provides a one year bereavement follow-up period, during which the family is contacted regularly as needed. At the end of a year, a social worker calls or visits for a closing assessment. When the social worker contacted J.M’s sister at the end of the year, the sister talked about the tape again, saying it was the best thing that happened to him. “He couldn’t let go, and the tape helped him let go and die in peace.”

G.W.—A patient who gave the HOC nurse and support practitioner some challenging moments. He and his wife were both receptive to the *Deep 10 Relaxation* tape. The goals were effective pain control without increasing medication and relief of depression.

G.W. responded well to the tape, falling asleep the first time he listened to it. During the days that followed, he often asked his wife to bring it to him, “even when he wasn’t hurting.”

However, as his physical condition deteriorated, he suddenly refused the tape and all medication. The support practitioner found him naked one day, rolling around on the bed in a darkened room, moaning, “My soul is burning, burning, burning...” His distraught wife said he alternately asked for all of his pain medication at once or refused to take any of it.

According to his wife and daughter, the trouble began when he heard a train on the tape:

“At first the tape helped a lot. He was eating good. Then he got to another stage... he hates to let go... he told me, ‘I don’t like that damn music.’ His mother said he ran away when he was 16. He hopped a freight train. He used to hobo around. He told me a little about it when we were first married. I think something bad happened, but I don’t know what.”

The support practitioner knew another support practitioner at HOC who is also an evangelist. She asked G.W.’s wife if she thought her husband might like to talk to the evangelist. The wife was reluctant to bring in anyone new.

The support practitioner contacted G.W.’s nurse who visited, administered pain medication, prayed with G.W., talked to his wife, and finally in desperation called the Director of Volunteers.

The Director of Volunteers and the evangelist went out together. At first, the evangelist sat quietly beside G.W.’s bed. Then she began to ask what was bothering him. At first he was noncommittal. This was the beginning of 45 minutes of heated talk, Bible reading, and prayer.

When the evangelist departed, G.W. was resting quietly and the wife was crying tears of gratitude.

The next day, G.W. asked to talk to the evangelist again. As his wife was trying to reach her, the preacher from the wife’s church walked in. G.W. had refused to talk to the preacher in the past, but this time he consented and, according to G.W.’s wife, “he accepted Jesus.”

From that time until he died a few days later, G.W. was at peace. His funeral was conducted in the wife’s church by the man both had come to trust.

The Hemi-Sync tape had brought on a crisis which led to resolving G.W.’s problem. The nurse commented to his support practitioner, “We had been working on the tip of the iceberg with medication—you uncovered the iceberg.”

(A word of caution: If considering a procedure with a patient similar to that followed for G.W., please note Recommendations 2 and 5. An important factor in supporting a patient using a tape is to see the world as the patient does.)

V.F.—A 72-year-old widow who lives alone. She has lost two husbands to cancer, and has had it herself for 11 years. She first developed breast cancer, then cancer of the colon, and then metastasis to the liver, which was her condition when she was admitted to Hospice in May 1986. Although there have been many ups and downs, she is still going strong. “I know I may die any time. I won’t give up. I like living and I’m not going to rush it,” she told the social worker.

V.F. was referred by a staff nurse to the Director of Volunteers for possible use of a relaxation tape when she complained of nervousness, but preferred not to take large doses of tranquilizers. “I have never been a nervous person,” she said, “but I’ve been walking the floor since the chemotherapy.”

Deep 10 Relaxation was left with V.F. after the nurse and support practitioner visited and monitored her use of it. The following week, V.F. reported:

“I haven’t been taking as many pills since I began listening to the tape. I was taking one pill every four hours or less. Yesterday, I only took one pill all day. I know the tape is helping me.”

She also reported improved sleep. When she had pain she used the tape, except at night in bed. Her cassette player was hooked up in the living room. She lay on the sofa to listen to the tape. Taking the tape to bed hadn’t occurred to her. But she said she would try it.

That was the beginning of her experiments with procedures new to her. Since then, she has used visualization both with and without the tape. “Sometimes I close my eyes and hear the voice telling me to relax... and I feel better.”

Surf was new to her. She said she had never heard the surf in her life and had never seen an ocean. But when the *Surf* tape was suggested as an alternative to *Deep 10* (which had “too much voice” at the time), she was willing to try it. Although nervousness and restlessness were two of her frequent complaints, she lay quietly after first hearing the *Surf* tape, finally opening her eyes and saying, “I’m too relaxed to move.”

Eventually the surf, too, needed a supplement—a little voice and help with weakness. So we tried *Energy Walk*. She was delighted with it. She has batteries for her cassette player now, and takes it with her when she goes to the hospital for chemotherapy. At night when she has pain and feels restless, she walks the floor carrying the cassette player and wearing the earphones.

V.F. faithfully records her use of the tapes in the notebook from Hospice. Some of her latest entries reveal her confidence in the tapes:

“I played the tape twice today and it quieted my nerves... not only does it help and relax me, I feel that something is happening in my body and I know it is doing something for me.”

I played the tape again today and counted my breathing with my hand over the cancer. It does something and makes me feel all over better and relaxed. I went off to sleep.”

What will HOC be saying of gentle, trusting V.F. in the next TMI report? Whatever we say, this we know: she has taught us much about use of the tapes—and at HOC we love her.

This ends our second report to TMI. With each new patient who uses the tapes, we learn more about the possibilities of the Monroe auditory system in a hospice setting. And we invite other members of TMI who are affiliated with a hospice organization to try the tapes with selected patients, for Hemi-Sync and hospice are a natural partnership.

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